

Resident's Guidebook



An essential tool in educating the resident and family about the operations of the facility and their responsibility in the partnership of the residents care.

Non Discrimination

In accordance with Title VI of the Civil Rights ACT of 1964 (42 USC section 2000d et seq.), section 504 of the Rehabilitation Act of 1973 as amended (29 USC section 794) and Age Discrimination Act of 1975, as amended (42 USC section 6101 et seq.), this Nursing Home does not discriminate on the basis of race, gender, color, national origin, handicap or age in admission, access to, or treatment of employment in its programs or activities.

Resident's Rights

This Nursing Home respects the rights of our Residents. These rights are expressed in such document as OBRA 1987 Residents rights, Ch. 214 MGL of 1979, Massachusetts Attorney General's Consumer Protection regulations 940 CMR 4.00 and Massachusetts Department of Public Health CMR 150.00 - 159.00. For more information regarding resident rights please contact our Social Service Department.

Resident Abuse

No person should be abused physically, verbally or emotionally. This Nursing Home will not tolerate any abuse or disrespect of visitors or the people who live here (residents). The supervisor on duty, Administrator and Director of Nursing Services should be contacted immediately if you have reason to believe abuse has occurred.

Massachusetts has strict laws against the abuse of Residents in Nursing Home. Direct care employees of this Nursing Home are required under penalty of law to report any abuse. In the best interest of the Residents, the Nursing Home will actively assist the Department of Public Health or other state agencies in an investigation.

Privacy Act Statement - Health Care Records

As required by the Privacy Act of 1974, this Notice is not a consent form to release or use health care information pertaining to you.

Authority for collection of information including Social Security Number (SSN), Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A) and 1864 of the Social Security Act.

Skilled nursing facilities for Medicare and Medicaid are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. As of June 22, 1998, all skilled nursing and nursing facilities are required to establish a database of resident assessment information and electronically transmit this information to the State. The State then is required to transmit the data to the Federal Central Office Minimum Data Set (MDS) repository of the Health Care Financing Administration.

Skilled nursing facilities with Joint Commission Accreditation are required to submit data to an external Quality Assurance Corporation. This is intended to improve systems and processes

within a systems framework. Oriol Health Care facilities may chose to submit data to other external measurement systems in order to improve processes.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term System of Records.

Privacy

As expressed in resident's rights, the staff at our Nursing Home recognize the individual right to privacy of the resident.

The resident/family, responsible party or guardian is expected to respect the rights of other residents/resident's families, or guardians, as well as their property.

The resident/family, responsible party or guardian is expected to respect the rights of staff as well as visitors to this facility and be considerate of facility property.

The resident/family, responsible party or guardian is expected to be responsible for his/her behavior in the control of noise and smoking and maintain a reasonable number of visitors in the room according to fire standards; space will be made available in other areas of the facility if possible.

Gratuities

Under no circumstances shall any resident or person(s) seeking admission be requested or be obligated to give a gift of any nature to the Nursing Home or individual staff as a condition to receive services or access to the Nursing Home.

Lock Box

Each resident is provided with a lock box in their bedside table. If the Resident desires a key for the box, please contact the Social Service Department. The Nursing Home provides each Resident with this box to insure their privacy, but does not replace the absolute security provided by a safe deposit box.

Personal Property

All personal property shall be listed on the personal property list at the time of admission and adjustments should be made to reflect items brought in or taken home from the Nursing Home.

Clothing & Laundry Service

All clothing should be labeled with an indelible ink. All clothing should be marked by the family prior to admission. The Nursing Home provides general washing services. Our equipment can only handle color fast wash and wear articles. All items requiring special handling, hand washing and dry cleaning will be washed only with the understanding it is at the resident's risk.

Missing Items

Oriol Health Care will make every accommodation to protect all personal belongings. However, due to the nature of our business, we recommend that any item of value, or fragile items that may break, be kept at home.

Laundry Labeling

The Nursing Home can assist with labeling clothing for the residents. Please request this service through the Social Service Department.

Recommended articles of clothing list: 7 days worth of clothing (whatever the resident wore at home); at least 1 pair of rubber soled shoes; sweaters; all toiletries (used at home); 1 personal razor.

Furniture, TV and radios

Residents can bring in furniture, TV, and radios providing, these items meet all safety and space requirements imposed upon the Nursing Home. Video and Audio devices must be operated in such a manner as not to violate the rights of others. TVs and appliance are not allowed on over-bed tray tables.

Many residents have small furniture items which have sentimental value which they desire to bring with them into the Nursing Home, such as a chair, dresser, lamp or small cabinet. We recognize the importance of them and permit these small pieces of furniture providing they do not interfere with normal functions of the Nursing Home or violate the rights of others.

All electrical devices, including power cords, must be in good repair. Halogen lamps are not allowed in the facility. Multi-plug adapters and extension cords are prohibited in nursing homes.

Resident's Personal Needs Accounts

The resident may authorize in writing the facility to hold, manage and safeguard funds for the resident. This is done in accordance with CFR §481.10 (C), see RESIDENT RIGHTS booklet. There is no charge for this service. The resident may authorize certain items to be charged to this account such as personal clothing, personal comfort items, newspapers, hair styling services, and withdrawal made for "pocket money". The Social Worker will help you set up an appointment with a representative from Oriol Health Care to open up an account.

Smoking

As this place is a home and a Health Care Facility, we recognize the fact that smoking is unhealthy and discourage it. Staff and visitors are prohibited from smoking within the building. Residents are admitted with understanding they will refrain from smoking within the facility.

Due to fire safety concerns and laws, smoking will only be allowed in designated area(s).

Smoking in the Resident's room is strictly prohibited.

Medical Ethics

The Nursing Home fully complies with all sections of the applicable Medicare, Medicaid and Massachusetts Department of Public Health regulations, which governs Medical care.

The Nursing Home recognizes the Resident's right to participate in and direct healthcare decisions affecting the Resident.

Advanced Healthcare Directives in the form of the "Health Care Proxy", is the means by which any person can appoint an individual to make health care decisions when they become ill and is unable to make healthcare decisions for themselves. Information about "Health Care Proxy" is available through the Social Service Department.

The Nursing Home's policy does not permit any affirmative or deliberate act to end one's life other than to permit the natural process of dying.

Advance Directive Policy

The Facility will honor the terms of any valid Health Care Proxy. The facility has no religious or moral objection to honoring a specific advance directive executed by a resident of the facility. A copy of the advance directive must be given to a Social Worker for placement in resident's chart. A copy is also made available to attending physician and a copy will be sent with resident should

hospitalization be necessary. If a new advance directive is executed by the resident, it revokes previous advance directive.

Massachusetts does not consider the Living Will a legal, enforceable document. A Health Care proxy is recommended, as it is considered a legal, enforceable document.

The Facility will not discriminate against any resident who chooses not to execute an advance directive, nor use the existence of such a document as a requirement for admission or services.

Visiting Hours

In order to respect the Resident's rights to privacy, we ask you to limit your visits to the hours as posted in the Main Entrance of the Home. Residents will reserve the right to receive visitors outside of normal visiting hours providing the rights of others are respected.

Family Councils

Per an amendment to Chapter 111 of the General Laws, Section 72Z states the no licensed skilled nursing facility or intermediate care facility may prohibit the formation of a family council and when requested by a member of the resident's family or the resident's representative, the family council shall be allowed to meet in a common meeting room of the facility at least once a month during mutually agreed upon hours. No facility shall willfully interfere with the formation, maintenance, or promotion family council. The willful interference with a family council shall include, but not limited to, discrimination or retaliation in any way against an individual as a result of his/her participation in a family council or the willful scheduling of facility events in conflict with previously scheduled family council meetings. A violation of the provisions of this section will constitute a violation of resident's rights.

Care Plan Meetings

The Care Planning meetings are a vital process in addressing the needs of the resident. These meetings are held following admission, quarterly, annually and whenever a significant change has occurred. Residents and families are urged to attend. At these meetings the needs and concerns of the resident are explained and addressed. This is an excellent opportunity to become involved in the setting of goals and care of the resident.

Education of Resident's, Family's/Responsible Party's, Guardian's Responsibilities in the Resident's Care

In order to provide the highest quality of care to every resident at Oriol Health Care, a partnership between the staff and resident, family/responsible party and/or guardian is required. This partnership involves shared responsibilities for both staff and the resident, family/responsible party or guardian which when followed address the resident's care needs.

The on-going education process of the following responsibilities will occur:

The resident, family/responsible party, guardian are responsible to give the most accurate and complete information to the best of the person's knowledge regarding the resident's past and present medical and psycho-social conditions.

The resident, family/responsible party, guardian are expected on an on-going basis, to report any unexpected changes in condition to the appropriate staff.

The resident, family/responsible party, guardian are responsible for following the treatment plan developed with the practitioner and to express any concerns about the resident's or family's

understanding of the course of treatment and ability to comply with the proposed course. Every effort is made to adapt the plan to the resident's specific needs and limitations. When such adaptation to the treatment plan is not clinically indicated, the resident and family are responsible for understanding the consequences of the treatment alternative and of not following the proposed course.

The resident, family/responsible party, guardian are expected to become educated regarding the safe and effective use of medication when this is applicable.

The resident, family/responsible party, guardian are expected to understand possible drug interactions/side effects and give informed consent when applicable.

The resident, family/responsible party, guardian are expected to become educated on the safe and effective use of medical equipment or any adaptive equipment deemed necessary for greater independence when applicable.

The resident, family/responsible party, guardian are responsible for the outcomes if they do not follow the care plan.

The resident, family/responsible party, guardian are expected to attend all meetings necessary to resolve any conflict that may exist if the care plan is not followed.

The resident, family/responsible party, guardian are expected to understand the role of the corporate ethics committee to mediate differences between the resident, family/responsible party, guardian and the health care staff.

The resident, family/responsible party, guardian are expected to respect the rights of other residents, resident's families, guardians, staff, visitors as well as their property and the property of the facility.

The resident, family/responsible party, guardian are expected to be responsible for his/her behavior in the control of noise and no-smoking and maintain a reasonable number of visitors in the room according to fire standards; space will be made available in other areas of the facility if possible. All Oriol Health Care facilities are non-smoking.

The resident, family/responsible party, guardian are expected to gain information regarding access to community resources whether for the duration of the resident's stay at the facility or as part of possible discharge plans and the potential community resources involved in the discharge.

The resident, family/responsible party, guardian are expected to meet any financial obligations promptly that have been agreed to with the facility.

Community Service Plan

All applicants for admission to the Home are required by the Home to have the State Department of Public Welfare or its designee, prepare a service plan. It is understood that nursing home placement/reimbursement will not be authorized by the Department of Public Welfare if it is determined that an available and adequate non-institutional service plan can be instituted.

Photograph

A photograph of the Resident will be taken upon admission and will become part of the medical record. Occasionally, the Home will take pictures or video recordings of activities. We may, at times, use pictures of the residents in any promotional material.

Beauty Shop and Barber Services

The people working in the beauty shop are not employees of the nursing home. Their services are not included in the daily rate. Residents wishing hair styling; permanent waves; hair coloring; wash, cut and dry; or other preferences should make arrangements to pay the person directly.

Some insurance plans or public programs include a simple haircut or trim as a benefit when done for personal hygiene. This will be done by trained staff or other appropriate personnel.

Self Administering of Medication

Self-administered drugs must be utilized under the orders of the attending physician, approval of Medical Director and Director of Nursing Services and must be in full compliance with the Home's policy regarding self administered drugs.

Last Department of Health Survey and Other Important Information

In the public areas we keep a book with information regarding the facility. This book (usually one inch ring binder) contains a List of Federal and Massachusetts Resident's Rights, a copy of the last Massachusetts DPH survey, important telephone numbers of Resident Advocate Groups, the Resident's Guidebook, and emergency policies of the facility.

Medicare and Medicaid Benefits

Information on how to obtain information regarding benefits under the Medicare and Medicaid program is available from the Social Service department.

Our Social Service Department attempts to stay current with the latest regulations and eligibility rules and is available to work with Residents and families. Since we are not official representatives of these programs, we can not guarantee the accuracy of our information. We strongly suggest contacting the agents of these programs regarding current information on benefits and eligibility guidelines.

Department of Medical Assistance (Medicaid) application and DMA Spousal assessment form are available from the Social Service Department.

Covered Services

To help Residents and families better understand what services are covered under Medicare, Medicaid and our per diem rate, we have developed a handout that explains what services are covered. This handout also lists typical services that are not covered under these programs.

Charge Sheet

The Business office has available a list of common charges. Rates are subject to change with sixty (60) day written notice. Notices will be sent to the address listed in the Admission agreement. Any rate increase will be deemed agreed to by the Resident upon the mailing of the notice, unless the Home is notified in writing to the contrary within ten (10) days after the mailing of the notice of the rate increase. If the resident does not agree to the rate increase the Resident agrees to leave

the Home no later than the day before the rate increase becomes effective. If the Resident fails to vacate the Nursing Home, the Resident shall be deemed to have consented to the rate increase.

Advance Notice of Voluntary Transfer/Discharge

The Nursing Home requires the resident give the Home a written two day advance notice of a voluntary transfer to another facility or discharge.

Bed Hold Notice and Re-admission

This notice is for the information of the Resident, family member and/or legal representative. When a resident is transferred to a Hospital or goes on therapeutic or non-therapeutic leave, the Resident may reserve the bed providing the Home can expect payment for those days the resident is away from the Home.

On an emergency hospital transfer, the bed will be automatically held for two days, unless otherwise notified by the resident, legal representative, or agent of the Department of Medical Assistance. Within this two day period, the Resident or his/her legal representative should notify the Home regarding the bed hold. If benefits for bed hold payment exist under private or public programs the bed will be automatically held for the full duration of this benefit unless otherwise notified.

The current state Medicaid Plan will ensure the bed is held for up to (10) ten days per hospitalization(MLOA) Upon the expiration of the bed hold, any resident may continue to reserve the bed providing there is another source of payment for the bed.

Upon the expiration of the hold, the resident will be formally discharged and the bed released. The resident may be readmitted to the facility upon the availability of the first appropriate room if the resident requires services provided by the Home and payments by nursing homes services can be expected.

The Home reserves the right to change a Resident's room or bed to meet the Resident's health care or safety needs. The Resident has the right to refuse transfers in accordance with Resident Rights Policy. This is explained in detail under 483.10(0) and 483.12 in the Residents Rights Policy present to you.

Philosophy on Restraints

We at Oriol Health Care value the autonomy of each resident and believe that each resident is entitled to freedom to pursue the highest level of independent physical functioning. We recognize that there are many potential negative effects from the use of restraints, such as skin break down, constipation, agitation, functional decline, reduced appetite, decreased muscle mass and strength, bone demineralization, cardiac arrest, and feelings of anger, fear, humiliation, and discomfort. We recognize that successful rehabilitation and maintenance of independence involve taking some quantified risks. This risk taking is necessary to preserve resident's dignity and not force them to live more restricted lives than their limitations require. We, thus, implement numerous and varied strategies to minimize fall risk with little or no restraint use.

Handicapped or Discrimination Grievance Resolution Coordinator

We are committed to providing high quality medical and nursing care, in an environment where everyone is treated with the proper respect and dignity. Treating people properly is important to us. Any discriminative act or practice (See non-discrimination notice) regarding employment, service or access should be brought to the Administrator's attention immediately.

Dietary Services

Meal times are posted outside the Dining room. All special requests should be made in writing and directed to the Dining Service Manager. Our staff can prepare special items for special occasions, such as birthdays and anniversaries. Visitors of a Resident wishing to dine with the Resident should request a meal at least two hours in advance. The charge nurse can relay this request to the Kitchen. For holiday dining, two day advance notice would be greatly appreciated. Meals are prepared and served according to physician's orders. Changes in the way the meal is prepared or served must be approved by the Resident's physician.

Articles The Resident Should Bring On Admission

The Resident should bring personal toiletry items. Medication must be re-packaged to conform with the nursing home's dispensing system and then must be delivered to the nursing home by an agent of a licensed pharmacy. See the section on Personal property for information regarding clothing and other items.

Discharge Time

12:00 Noon. Any resident who has not left by noon will be charged for an additional day.

Private Telephones

Residents, at their own expense, may elect to have a private telephone installed by the Resident's bed. The nursing home employees are unable answer the phone or take messages when the Resident is away from the room. The family should contact the Social Service Director at the facility before calling the telephone company to have a phone installed.

Activities and Religious Services

The Activity Department publishes a monthly newsletter or calendar, which includes all events of activities for the month. The calendar is posted outside Activities Department.

Mail

Resident's mail should be addressed to the resident "c/o" in care of the facility. Writing materials are available to the residents from the Activities Department. Stamps are available from the front office.

The Social Service Directors at the facilities will monitor the resident/family, responsible party or guardian's educational process, and offer assistance as needed.